

Notice of Privacy Practices

Steven Wright, LCSW

Licensed in Louisiana and Texas

Lake Charles, LA | Moss Bluff, LA | Telehealth (LA & TX)

Effective Date: _____

This notice describes how health information about you may be used and disclosed, and how you can access this information. Please review it carefully. This practice is committed to minimal documentation — only what is clinically necessary and legally required.

I. Two Tracks of Service: Coaching vs. Therapy

This practice offers two distinct and separate service tracks:

Coaching Services: Coaching is not a licensed mental health service and is not governed by HIPAA. Coaching clients do not receive a diagnosis and their records are not considered protected health information under federal law. Coaching is available to adults and teens nationwide via telehealth.

Therapy / Clinical Services (LCSW): When a client is determined through initial assessment to require clinical therapy rather than coaching, services are provided under Steven Wright's Louisiana or Texas LCSW license. These services are governed by HIPAA and this Notice applies in full.

At the first appointment, a brief standardized assessment is conducted to determine which track is appropriate. If clinical therapy is indicated, frequency will be determined collaboratively — typically once, twice, or up to three times per week for high-intensity work.

II. Scope of Practice — What This Practice Does Not Do

To protect clients and maintain clinical integrity, this practice does not:

- Accept clients who are currently involved in active legal proceedings related to their care.
- Accept clients whose primary referral reason is an ongoing custody dispute or divorce proceeding.
- Provide testimony, letters, or evaluations for court, legal, or school disciplinary proceedings.
- Testify at schools, school hearings, or IEP meetings.

If your situation involves any of the above, a referral to a more appropriate provider will be offered at no charge.

III. Service Locations and Format

- Individual therapy and coaching: Lake Charles, LA and Moss Bluff, LA (in-person); telehealth available statewide in Louisiana and Texas.
- Group sessions: In-person groups in Lake Charles, LA. Virtual groups available separately for Louisiana residents and Texas residents.
- Coaching for adults: Available nationwide via telehealth (coaching track only, not clinical therapy).

IV. How Health Information May Be Used and Disclosed

This practice keeps only the minimum documentation necessary. For clinical (therapy) clients, protected health information (PHI) may be used or disclosed in the following circumstances:

- Treatment: To provide, coordinate, or consult about your care.
- Payment: For billing and insurance purposes, where applicable.
- Legal requirements: When required by state or federal law, including mandatory reporting of abuse or serious safety threats.
- Appointments: To send reminders and relevant communications.
- Health oversight: For audits or investigations as required by law.

V. What Requires Your Written Authorization

- Psychotherapy notes (beyond standard treatment records).
- Use of your information for marketing or promotional purposes.
- Sale of your PHI (this practice does not sell PHI).
- Any disclosure not described in this notice.

VI. Your Rights

- Request limits on how your information is used.
- Request how you are contacted.
- View and obtain copies of your records within 30 days of a written request.
- Request corrections to your records.
- Receive a paper or electronic copy of this notice.
- Revoke a previously given authorization at any time in writing.
- File a complaint with this practice or with the HHS Office for Civil Rights at www.hhs.gov/ocr/privacy/hipaa/complaints or (877) 696-6775. No retaliation will occur for filing a complaint.

VII. Changes to This Notice

This notice may be updated at any time. The current version will always be available on this practice's website and in the office. Changes apply to all information on file.

Acknowledgement of Receipt

By signing below, you confirm that you have received and reviewed this Notice of Privacy Practices.

Client Name: _____ Date: _____

Signature: _____ Date: _____

Guardian Name (if minor): _____ Date: _____

Guardian Signature: _____ Date: _____